

Bright from the Start: Georgia Department of Early Care and Learning

FAMILY DAY CARE HOME REGISTRATION APPLICATION Cogent System, Inc. Registration Confirmation #: _____	Please fill out form in its entirety PRINT CLEARLY SPELL OUT all requested information SIGN and DATE	DO NOT WRITE IN THIS SPACE—OFFICE USE ONLY CRC Clearance Date: _____ FPC Clearance Date: _____ Registration ID# _____			
<input type="checkbox"/> Initial Registration <input type="checkbox"/> Location Change <input type="checkbox"/> Name Change		My Certificate Number is: <u>FR</u> -_____			
Have you ever been registered at another address? <input type="checkbox"/> NO <input type="checkbox"/> YES (If YES, give previous address: _____)					
NAME (First) (M.I) (Last)	SOCIAL SECURITY NUMBER - -		DATE OF BIRTH / /		
CURRENT STREET ADDRESS (Street/Name of Road/Hwy Name/Apt. Complex)	CITY	ZIP CODE	COUNTY	Area Code TELEPHONE # ()	
CURRENT MAILING ADDRESS (If different from street address)	Are you a military applicant/provider? <input type="checkbox"/> NO <input type="checkbox"/> YES	Educational requirement met? <input type="checkbox"/> NO <input type="checkbox"/> YES	Are you a FOSTER PARENT? <input type="checkbox"/> NO <input type="checkbox"/> YES	Are you an unregulated DFCS vendor? <input type="checkbox"/> NO <input type="checkbox"/> YES	
E-Mail Address (required)					
<input type="checkbox"/> NO <input type="checkbox"/> YES I care for 2 additional children who are 3 years and older for two (2) hours daily from _____ to _____.	COMPANY NAME of Child Care Food Program:				
NAME OF OTHER ADULTS (AGE 18 OR OLDER) LIVING IN MY HOME OR WHO ARE PRESENT IN MY HOME WHILE CHILDREN ARE BEING CARED FOR. IF A LOCAL CRC HAS NOT BEEN SUBMITTED ON THIS ADULT, PLEASE MAKE SURE YOU HAVE ONE ON FILE. (see #6 below)			LIST ALL CHILDREN IN YOUR HOME UNDER THE AGE OF THIRTEEN (13) (DO NOT LIST AGES 13-17 ON APPLICATION)		
NAME	SOCIAL SECURITY #	RELATIONSHIP	NAME	AGE	RELATIONSHIP

I hereby request registration with Bright from the Start: Georgia Department of Early Care and Learning, Child Care Services Division, as a Family Day Care Home. In making this request, I understand:

1. That I must provide care for no more than six children for pay who are not members of my household, or related to me, except for two one-hour time periods designated above, when I may keep two additional children ages three years and older.
2. That staff from Bright from the Start: Georgia Department of Early Care and Learning (Bright from the Start) may inspect my home at any time children are present.
3. That to deny entrance and/or meaningful access to the home, all children present in my home, and all records required by the Rules and Regulations to any Bright from the Start consultants or to refuse to cooperate with a consultant or an investigation is grounds for automatic denial or revocation of my registration or imposition of any other sanction authorized by law
4. That I must meet the Family Day Care Home Rules and Regulations, Chapter 290-2-3, and correct any violation cited there under in accordance with a reasonable plan of improvement, or my registration may be denied or revoked or any other sanction authorized by law may be imposed.
5. That I must provide the parents of each child in my care with a copy of the "Parent Handbook."
6. That I must obtain a local Criminal Records Check on each adult residing in my home and on any adults who may be present when children are in care and maintain them in my records.
7. That this registration is valid only at the address on the application and is not transferable to another address or to another person.
8. I must receive and open all e-mails from the Department in order to receive proper notification of any waiver, correspondence, changes, or other notices from the Department.
9. If an adult listed on last year's application is no longer in the home, I must submit documentation to that effect.
10. I am required to pay a non-refundable license fee of \$50.00 once permission to operate is granted for initial application and for each renewal year by Dec. 1st.

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE RULES AND REGULATIONS FOR FAMILY DAY CARE HOMES. I HEREBY CERTIFY THAT I HAVE ASSESSED MY FAMILY DAY CARE HOME AND FOUND IT TO BE IN COMPLIANCE WITH THE FAMILY DAY CARE HOME RULES AND REGULATIONS (290-2-3). I HEREBY CERTIFY THAT THIS INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY WILLFUL MISREPRESENTATION OF ANY OF THE ABOVE FACTS IS CAUSE FOR IMMEDIATE DENIAL OR REVOCATION OF MY REGISTRATION.

INCOMPLETE APPLICATIONS CANNOT BE PROCESSED

SIGNATURE

DATE

SUBMISSION INSTRUCTIONS

If you are a first time registrant, the following material must be submitted in order to process your application:

1. Your completed Registration Application.
2. Your completed Criminal Records Check Acknowledgement Form and Disclosure Form
3. A completed and notarized Criminal Records Check Application form for the Applicant after submitting to Livescan fingerprinting through Cogent Systems, Inc
4. Affidavit for Verifying Status Form. Applicants must complete, sign and have notarized.
5. **Do not send with application.** A local Criminal Records Check for other adults 18 years or older that live in your home. A local Criminal Records Check is also required for anyone who will be in your home while children are being cared for.
6. Documentation of Credentials/degrees. The applicant must possess one of the following: Child Development Credential (CDA) – issued by the Council for Professional Recognition; Technical Certificate of Credit (TCC) in Early Childhood Education; Technical College Diploma (TCD) in Early Childhood Education; Associate Degree in Early Childhood Education (AA, AAS, AAT); Paraprofessional Certificate issued by Georgia Professional Standards Commission; Bachelor's Degree in Early Childhood Education; or a Master's Degree in Early Childhood Education.
7. A copy of your current CPR (for Infant, Child & Adult) and First Aid Certification.
8. A copy of your Registration Orientation Meeting (ROM) Certificate.
9. Documentation/Certificates indicating that you have attended ten hours of state approved training. You are required to attend two hours training from each of the following categories: Early Learning Standards, Communications, Leadership & Professional Development, Business Management, Advocacy for Parents and Children.
10. The **non-refundable** license fee of \$50 is due once Permission to Operate (PTO) is granted. A \$25 late fee will be imposed if the payment is not received within 20 days.

If you have moved, the following material must be submitted in order to process your application:

1. Your completed Registration Application.
2. Your completed Criminal Records Check Acknowledgement Form and Disclosure Form
3. Affidavit for Verifying Status Form. Applicants must complete, sign and have notarized.
4. **Do not send with application.** A local Criminal Records Check for other adults 18 years or older that live in your home. A local criminal records check is also required for anyone who will be in your home while children are being cared for.
5. **For Providers:** If you have moved and your fingerprint results are more than 12 months old, you must be fingerprinted by Livescan fingerprinting through Cogent Systems, Inc., and submit a notarized criminal records check application.
6. If you have moved, and if the Criminal Records Checks for all other adults are more than 12 months old, you must send in new local criminal records checks for anyone 18 years or older that lives in your home or who will be in your home while children are in care.
7. If you have moved, please attach the original Certificate of Registration (not a photocopy) to the new registration application.
8. A **non-refundable** license fee of \$50 is due when Permission to Operate is granted. A \$25 late fee will be imposed if the payment is not received within 20 days.

If you have a 911 Address change, please just submit a copy of the letter received from the county along with the Registration Application, Criminal Records Check Acknowledgment Form and Disclosure Form.

**Bright from the Start
Georgia Department of Early Care and Learning
2 Martin Luther King Jr. Drive SE, 670 East Tower
Atlanta, GA 30334**

If you continue caring for children and do not complete the above steps, you will be in violation of Georgia Law (O.C.G.A. 49-5 et.Seq.)

Affidavit Verifying Status for Family Day Care Home Registration Application

By executing this affidavit under oath, as an applicant for a Family Day Care Home Registration (License) or other public benefit as referenced in O.C.G.A. §50-36-1(3)(A), I am stating the following to be true and correct with respect to my application for a Family Day Care Home Registration (License) or other public benefit for _____ [Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]

- 1) _____ I am a United States citizen
- 2) _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States. *

* _____
Alien Registration number for non-citizens

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit in any matter within the jurisdiction of any department or agency of state government shall be guilty of a felony in violation of O.C.G.A. §16-10-20. See O.C.G.A. §50-36-1(g).

Signature of Applicant:

Date

Printed Name:

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE
_____ DAY OF _____, 20____ Notary Public

My Commission Expires:

*Note: O.C.G.A. § 50-36-1 (e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

Criminal Record Check Acknowledgment Form

O.C.G.A. §20-1A-30 prohibits persons who have committed certain crimes from living in or being employed in family day care homes, group day care homes, or child care learning centers. The crimes are:

- any felony (in the state of Georgia, or any other state);
- all sexual offenses found in chapter six (6) of title 16 ;
- certain misdemeanors including:
 - A) simple battery, when the victim is a minor;
 - B) contributing to the delinquency of a minor;
- criminal attempt to commit any of the above listed crimes in accordance with O.C.G.A. §16-4-1.

A person must have been convicted of or entered a plea of guilty or nolo contendere to or have been adjudicated for any of the above crimes. A person that has been arrested for any of the above crimes may not live or be employed in family day care homes, group day care homes, or child care learning centers until such time a court of proper jurisdiction dismisses the charges or a not guilty verdict is rendered.

O.C.G.A. §16-12-1.1(b)(c) makes it a misdemeanor for any operator of a facility to knowingly have any person reside at, be domiciled at, or be employed at any such facility if such person has been convicted of or has entered a plea of guilty or nolo contendere to or has been adjudicated a delinquent for certain offenses.

Bright from the Start: Georgia Department of Early Care and Learning may deny or revoke the license, commission, or registration of any facility in violation of these requirements.

To my knowledge, no person lives at or is employed at the child care facility listed below who has been convicted of, has entered a plea of guilty or nolo contendere to, or has been adjudicated delinquent for any of the above listed crimes.

Director's Signature

Date

Director's Name (print legibly)

Name of Facility (print legibly)

Address of Facility

City, State, and Zip Code

This document will be maintained in the facility's State File.

Disclosure Form

Rule 290-2-3.07(5)

Please read and answer the questions and sign and date at the bottom of the page.

(a) Have you ever been shown by credible evidence, e.g., a court order or jury, a department investigation or other reliable evidence to have abused, neglected or deprived a child or adult or to have subject any person to serious injury as a result of intentional or grossly negligent misconduct?

Yes _____ No _____

If Yes, explain _____

(b) Do you suffer from any physical handicap or mental health disorder that would interfere with the ability to perform adequately the job duties of providing for the care and supervision of the children in care?

Yes _____ No _____

If Yes, explain _____

(c) Have you made any material false statements concerning qualifications and/or requirements either to the department or an employee?

Yes _____ No _____

If Yes, Explain _____

Signature

Date

This document will be maintained in the facility's State File.